

FILED DEC 18 1950

STANDARD CERTIFICATE OF DEATH

1008

State File No. 42781
Registrar's No. 10318

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO.		Registrar's No. 10318	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2619	
d. FULL NAME OF HOSPITAL OR INSTITUTION 418 E. Espenscheid St.				d. STREET ADDRESS (If rural, give location) 418 E. Espenscheid 0			
3. NAME OF DECEASED (Type or Print) Bertha		a. (First)		b. (Middle)		c. (Last) Ruic	
4. DATE OF DEATH (Month) (Day) (Year) December 2, 1950		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, Married	
8. DATE OF BIRTH August 16, 1896		9. AGE (In years last birthday) 54		10. UNDER 1 YEAR Months		11. UNDER 1 YEAR Days	
12. UNDER 1 YEAR Hours		13. UNDER 1 YEAR Min.		14. BIRTHPLACE (State or foreign country) Poplar Bluff, Missouri		15. CITIZEN OF WHAT COUNTRY? U.S.A.	
16. a. FATHER'S NAME Unknown Miller		17. b. MOTHER'S MAIDEN NAME Unknown		18. NAME OF HUSBAND OR WIFE Spiro Ruic			
19. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		20. SOCIAL SECURITY NO. none		21. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Spiro Ruic 418 E. Espenscheid St.			
22. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		23. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Addison's disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Interstitial Nephritis. INTERVAL BETWEEN ONSET AND DEATH 1 year				24. INTERVAL BETWEEN ONSET AND DEATH 10 yrs.	
25. a. DATE OF OPERATION		26. b. MAJOR FINDINGS OF OPERATION		27. c. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
28. a. ACCIDENT SUICIDE HOMICIDE (Specify)		29. b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		30. c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
31. d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		32. e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		33. f. HOW DID INJURY OCCUR? 274X			
34. I hereby certify that I attended the deceased from Jan 14, 1947, to Dec 2, 1950, that I last saw the deceased alive on Dec 2, 1950, and that death occurred at 9:50 a.m., from the causes and on the date stated above.							
35. a. SIGNATURE [Signature] (Degree or title)		36. b. ADDRESS 7702 Lyons		37. c. DATE SIGNED 12/3/50			
38. a. BURIAL, CREMATION, REMOVAL (Specify) Burial		39. b. DATE Dec. 5, 1950		40. c. NAME OF CEMETERY OR CREMATORY Friedens Cemetery		41. d. LOCATION (City, town, or county) (State) 8900 N. Broadway St. Louis, Mo.	
42. DATE REC'D BY LOCAL REG. DEC 4 1950		43. REGISTRAR'S SIGNATURE [Signature]		44. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. Hoffmeister U. & L. Co. 7814 S. Broadway			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

7702
Sunday - 9-11 AM
Mon 10-1 PM

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Harry J. Lepum actor

Signed.....
Student Embalmer

Licensed Embalmer No. *2679*

P. O. Address *7814 S. Broadway*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.